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Commissioner

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DEPARTMENT OF SAFETY
DIVISION OF FIRE STANDARDS & TRAINING
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Suzanne M. Prentiss
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TRAUMA MEDICAL REVIEW COMMITTEE
COMMITTEE MEETING

April 19, 2006
Richard M. Flynn Fire Academy
Concord, New Hampshire

Members Present: John Sutton, MD, Sharon Phillips, RN, Steve Bateman, EMTP, Heather Page, Cherie Holmes MD, Eileen Corcoran-Howard, RN, Nick Mercuri, RN, EMTP

Guests: Janet Houston, Donna Clark, RN, Noreen LaFleur, RN, John Leary, RN, EMTP, Jeff Johnson MD, Doreen Gilligan, RN, Richard Ciampa, RN, Sue Barnard, RN, Rajan Gupta, MD, Mary Reed

Bureau Staff: Clay Odell, EMTP, RN

I. Call to Order

The meeting of the Trauma Medical Review Committee was called to order by Dr. Sutton at 9:30 am on Wednesday April 19, 2006 at the Richard M. Flynn Fire Academy in Concord, NH.

Item 1. Introductions: Attendees went around the table and introduced themselves.

Item 2. Minutes. The minutes of the February 2006 meeting were approved by email by all who attended that meeting, and were distributed by e-mail prior to this meeting. Heather Page pointed out that she was in attendance at the meeting and please add her name to the minutes.

IV. Committee Discussion Items

Item 1. Renewal and Hospital Updates Clay reported that we have nearly completed the renewal process for all the currently assigned trauma hospitals. Weeks Medical Center is scheduled to have their application brought up for consideration at today's meeting. Androscoggin Valley Hospital has submitted their renewal application, but in reviewing the application Dr. Sutton and Clay had some significant questions regarding trauma performance improvement and trauma teams. Lakes Region General Hospital will be submitting their application within the next week or two. Memorial Hospital in North Conway has been sent an application packet.

Item 2. Interfacility Transport Task Force Clay reported that the NH Interfacility Transport Summit was conducted on March 30th in Sugar Hill NH to disseminate initiatives that they have been working on over the past year. There were 38 attendees at the meeting and the evaluations were all favorable. The IFT Task Force will be meeting again in May and will pursue ideas related to an electronic / web-based clearinghouse of status of ambulance resources in the North Country.

Item 3. AMT Utilization Review Subcommittee Clay reports the AMT/UR is scheduled to meet again today. The subcommittee is not ready to release any conclusions yet, as the numbers are still too low to have statistical significance. It does appear however that most occurrences of overtriage seem to be related to neurological assessment. There have been numerous instances in which AMT has been requested due to initial EMS reports of “unresponsive” or significantly unconscious patients, however the flight records indicate that the patient presents to the flight crew as conscious and responding verbally. Future discussions of AMT protocols may need to consider cancellation of AMT if the patients level of consciousness improves to a GCS > 8.

Participation in the subcommittee is still open, so interested parties are encouraged to contact Clay if they’d like to participate.

Item 4. NH Bureau of EMS Report No report due to time constraints. An electronic copy of the report is enclosed with these minutes.

Item 5. Trauma Team Training Project Clay gave an update on the trauma team-training project that grew out of the 2005 trauma stakeholder’s conference. The NH Bureau of EMS is pursuing the concept of using high fidelity simulation equipment (high-tech manikins) in a trauma team-training program that would be provided to hospital-based trauma teams. The Bureau has been approved to use unexpended federal trauma grant funds to help purchase the equipment.

Clay has met with the Patient Safety Laboratory and Interactive Learning Center at Dartmouth-Hitchcock Medical Center, that has expertise in simulation training. The NHBEMS will be contracting with DHMC to assist with determining equipment specifications, assist with the development of the curriculum and instructor training. Clay reports that the specifications have been sent to the purchasing department, which will be soliciting bids and coordinating the purchase of the manikin.

II Old Business

Item 1. Weeks Medical Center Trauma Assignment Renewal Application The TMRC reviewed the renewal application for Weeks Medical Center. They are currently a Level III trauma hospital and are seeking renewal at that level. Doctor Jeff Johnson, Medical Director of Weeks’ Emergency Department was in attendance at today’s meeting to respond to questions.

Weeks' application had been considered previously at the December 2005 TMRC meeting, and action was tabled pending the opportunity to ask representatives of Week's Medical Center for clarification regarding trauma PI and trauma team response. Dr. Johnson talked about the trauma PI initiatives at his hospital, explained the current status of trauma team activations, and expressed a willingness to work with Clay to develop plans for an improved response to trauma resuscitations.

Following the discussion a motion was made by Steve Bateman to approve Weeks' application, seconded by Sharon Phillips. The members of the TMRC voted unanimously to approve the application. The letter of approval to Weeks Medical Center will reflect the above discussion.

III New Business

Item 1. Trauma Team Requirement for Level III Facilities The TMRC discussed revising the NH Trauma Plan to require Level III trauma hospitals to have an organized trauma response plan. Trauma teams are "essential" for Level I and II facilities, but currently is listed as "desired" for Level III. An organized approach to resuscitation of a seriously injured patient is at the core of the NH Trauma System Plan. All the current Level III trauma hospitals indicate that they do have trauma teams, so making trauma teams a requirement instead of an option should not be a problem with those facilities already in the system.

The group was supportive of this initiative. Additionally the group discussed revising the requirements of trauma team leadership, specifically physician leadership. Current standards for trauma team direction require a general surgeon "appropriately credentialed" in trauma is "essential" for Level I and II and "desired" in Level III. Level III facilities should be required to have the same leadership model as Level I and II's. Also, modification may be required to reflect that lower level trauma team response in a two-tiered system usually does not involve a surgeon.

The group made several suggestions to modify the hospital standards. Clay will incorporate those changes in a proposed matrix and present it at the June meeting for approval.

Item 2. Revision of NH Trauma Plan Clay had mentioned in previous meetings that the NH Trauma system Plan needed updating, as it is over ten years old. The plan is difficult to read and the purpose of the document has changed over time. Additionally, federal initiatives toward trauma system plan enhancements should be incorporated in the NH Plan. Clay proposed the creation of a subcommittee to begin working on revision. The consensus of the group was to establish that subcommittee, and Clay will be soliciting volunteers to participate in that process.

V. Public Comment

Clay said that the funds that were allocated for the retreat for the TMRC have been diverted to the Trauma Team Simulation Training Project.

The Trauma Coordinators Working Group will be meeting here at the NH Fire Academy immediately following the TMRC meeting.

VI. Adjournment

Dr. Sutton adjourned the meeting at 11:45. He advised the group that the next scheduled meeting of the Trauma Medical Review Committee would be June 21, 2006 at 9:30 a.m. at the Richard M. Flynn Fire Academy.

Respectfully submitted:

Clay Odell, EMTP, RN
Trauma Coordinator